

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1					51					
2							52						
3	1		1				53						
4			1				54						
5			1				55						
6							56						
7							57						
8							58						
9							59						
10	1						60						
11	1						61						
12	1						62						
13	1						63						
14	1						64						
15	1						65						
16			1				66						
17					1		67						
18					1		68						
19					1		69						
20			1				70						
21					1		71						
22					1		72						
23					1		73						
24					1		74						
25					1		75						
26					1		76						
27			1				77						
28					3		78						
29					3		79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	12	↓	3	↓		↓							
TOTAL DEP.	3	←	12	←		←							
TOTAL CLAIMS	15		15										

TOTAL CLAIMS